

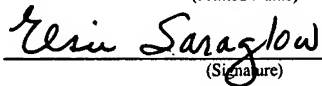


Atty. Dkt. No. 082066-0130

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: STONE et al.
Title: BONE XENOGRAFTS
Appl. No.: 10/712,165
Filing Date: 11/13/2003
Examiner: Afremova, Vera
Art Unit: 1651

Confirmation 8206
Number:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 961803601 US (Express Mail Label Number)	8/16/07 (Date of Deposit)
Elsie Saraglow (Printed Name)	
 (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated February 16, 2007, and in the Advisory Action dated April 12, 2007, finally rejecting Claims 1-22.

☒ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

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☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$760.00
	TOTAL FEE:	\$760.00

A credit card payment form in the amount of \$760.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/16/07

FOLEY & LARDNER LLP
 111 Huntington Avenue
 Boston, Massachusetts 02199
 Telephone: (617) 342-4049
 Facsimile: (617) 342-4001

By 

Mark G. Lappin
 Attorney for Applicant
 Registration No. 26,618